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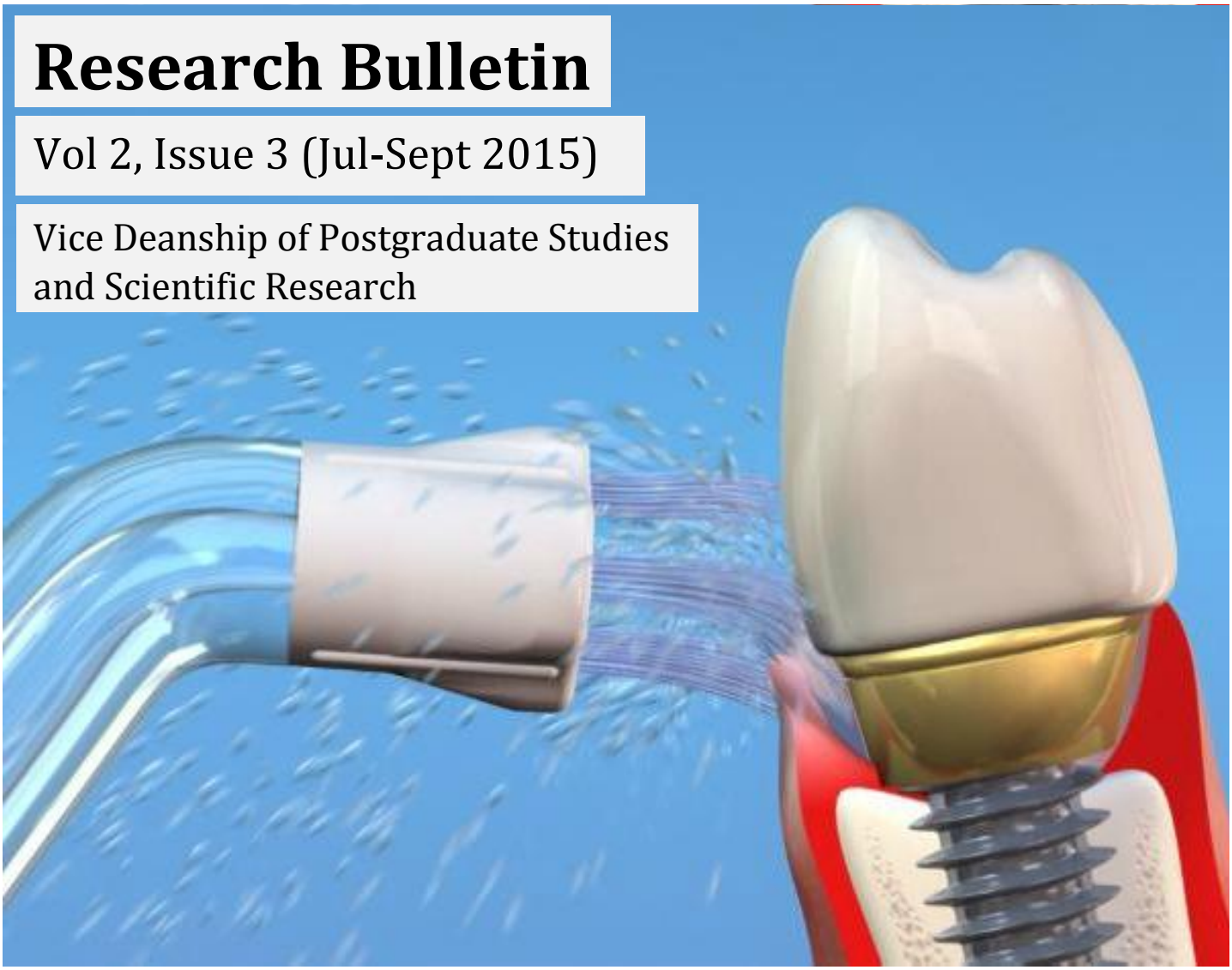

Initiative of the Research Unit of
College of Dentistry, University of Dammam

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Without publication research is sterile; but where to publish and how to avoid rejection?

By
Prof. Khalid Almas

The famous phrase "Without publication research is sterile" came from Curzon and Cleaton-Jones (1). Aspiring authors in academia gradually develop passion for publications due to various reasons. There is therefore, a competition amongst faculty to have their clinical or basic science research, as well as clinical techniques, diagnoses, case reports etc., published as soon as possible. There is also compelling as well as competing needs of Institutions to publish or perish. That is also reflected in faculty at various levels of their career ladder. Now the question arises, where to publish?.

The simple and unified approach at most of the biomedical institutions is to publish in, the Institute for Scientific Information (ISI), high Impact factor (IF) journals. So the message is clear and loud.

The most common indicator, the ISI IF, is calculated for a particular year for a specific journal according to the formula IF = C/A where C = the total cites in a particular year to articles published in the preceding two years and A = the number of articles published in the preceding two years. The change in IF is listed on yearly basis with five years mean IF of individual journals. The pros and cons of Impact factors will be discussed some other time.

To maintain the prestige of reputable (specialty and general) journals, they have to publish their acceptance/rejection rate of submitted manuscripts. The writing and submission of manuscript is a humble effort, so to receive the reviewers comments on rejected manuscripts should also be received without emotions or humility.

To avoid rejection of submitted manuscripts, first of all we have to acknowledge the common reasons of REJECTION. Rejection is always disappointing. It is a fact that even the best scholars and writers submit papers that are rejected or require major revisions. Good papers get rejected for a number of reasons. The number of journal pages available has not kept pace with the number of articles and authors. There may be nothing basically wrong with the manuscript. For the journal's purposes, it may be more confirmatory than original. Insufficient journal priority and backlog inventory are potential indications of submission to the wrong journal at the wrong time. (2). Compromised protocols, conflict of interest and incomprehensible writings are also major points for rejection.

On the other hand, per a quote attributed to Samuel Johnson, "Your manuscript is both good and original, but the part that is good is not original, and the part that is original is not good."(3). Some of the more common reasons for rejection include: poorly written/poor style, sweeping conclusions unjustified by data, lack of IRB approval, flawed or poor study design (methods), lack of proper controls, nonrandomized interventions, inadequate sample size, faulty statistical analysis, and hypothesis not adequately tested.

The post review rejection (and revision) phase follows a quote attributed to Franklin Jones: "Honest criticism is hard to take, particularly from a relative, a friend, an acquaintance, or a stranger."(4). Address all of the reviewers' concerns for resubmission to another journal and remember that the next reviewer may be the same. Try to put

into perspective it is a manuscript, go forward. More than half of rejected articles are eventually published somewhere else (5).

Appeal is an option but it is usually best not to call the editor directly, especially when angry or upset. Editors are willing to consider first appeals but the author must revise the paper and clearly refute criticisms, not just say the subject is important or the reviewers are wrong or biased. The most experienced editors appreciate the common inverse correlation between author response hostility and quality of submission. Some papers are accepted on appeal, but remember that plenty of other journals exist (2,5,6). To avoid the instant rejection, follow the instructions/guidelines to authors of respective journals and make your title attractive and contemporary.

Let us follow, publish and flourish rather than publish or perish!!!!

References:

1. Curzon MEJ and Cleaton-Jones PE. Writing scientific papers for publication: "Without publication research is sterile". Europ Arch of Paed Dent 2012; 13: 4-10

2. Williams HC. How to reply to referees' comments when submitting manuscripts for publication. J Am Acad Dermatol 2004;51:79-83.

3. Pickover CA. Strange Brains and Genius: The Secret Lives of Eccentric Scientists and Madmen. 1st ed. New York: Harper-Collins; 1999.

4. QuoteWorld: Franklin P. Jones [homepage on the Internet]. Available from: URL: http://www.quoteworld.org/quotes/7377. Accessed Sept, 2015.

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RESEARCH NEWS

Dr. Adel Al-Agl becomes member of the editorial board of SJMMS

On behalf of the Research Unit, we would like to congratulate Dr. Adel Al-Agl for being selected as a member of the editorial board of the Saudi Journal of Medicine and Medical Sciences. Dr.Adel is well known for his positive contribution to the research in our college. He has executed many research projects published in well-reputed international journals. We wish him all the best.

We also would like also to extend our appreciation and thanks to Dr. Aiman Ali, who has contributed positively to the first cycle of the SJMMS editorial board.

Statement of Appreciation

We would like to extend our appreciation to all the faculty members of College of Dentistry who have placed tremendous effort in improving the research profile of the college this year. It is because of these extraordinary efforts, we now have 45 publications (28 International, 17 local) till Sept this year and also, a lot of papers are *In Press*.

As compared to the last year in which we had 35 publications, a clear progress can be seen which is highly appreciable.

1. **Mostafa Alhamad**, Talib Alnahwi, Hassan Alshayeb, Ali Alzayer, Omran Aldawood, Adeeb Almarzouq, **Muhammad A. Nazir**. Medical emergencies encountered in dental clinics: A study from the Eastern Province of Saudi Arabia. J Family Community Med. 2015 Sept–Dec ;22-175-9.

Abstract

OBJECTIVES: To report the prevalence of medical emergencies in dental clinics and self-perceived competence of dentists in the Eastern Province of Kingdom of Saudi Arabia (KSA). **MATERIALS AND METHODS:** In this cross-sectional study, a self administered questionnaire was distributed to a random sample of 198 dentists working in private and government dental clinics in the Eastern Province of KSA. The respondents were approached twice to ensure good participation in the study. **RESULTS:** One hundred and forty-five dentists returned the questionnaires yielding a response rate of 73.2%. Half were male (50.3%) and 56% worked in private dental clinics. About 67% of the respondents reported having encountered any episodes of medical emergencies. Vasovagal syncope was the most common medical emergency experienced by 53.1% of the dentists, followed by hypoglycemia (44.8%) and only 5.5% had faced foreign body aspiration. The responding dentists had encountered 599 episodes of medical emergencies in the last 3 years. Almost 45% of the participants felt competent to perform cardiopulmonary resuscitation (CPR). Most of the participants (74.3%) reported that they had emergency kits in their clinics; more than 70% of the dentists kept oxygen, adrenaline, and glucose. One-third of them were either not confident or did not know how to use the emergency drugs. **CONCLUSIONS:** The study findings revealed that dentists quite commonly encounter medical emergency situations during their practice in dental clinics, but a considerable proportion of dentists did not feel competent enough to handle medical emergency conditions.

2. Carter EA, Carter G, Boschen M, **AlShwaimi E**, George R**.** Ethnicity and Pathways of Fear in Endodontics. J Endod. 2015 Sept;41(9):1437-40.

Abstract

INTRODUCTION: Cultural competencies in multicultural societies with different ethnic perceptions pose a challenge during the management and treatment of patients with dental fear and anxiety. This study aimed to identify the most common and relevant pathways of fear and anxiety related to root canal treatment in different ethnic groups. **METHODS:** All participants visiting the Griffith University Dental Clinics, Gold Coast, Australia, were invited to participate if they had undergone primary root canal treatment or were scheduled to undergo the same. Patients with mental disabilities, those with no history of root canal treatment, those who only had surgical root canal treatment, and those below 20 years old were excluded. All participants completed the "My Endodontic Fearquestionnaire." **RESULTS:** Eight hundred seventy-nine patients (20-90 years old) who had root canal treatment or were scheduled to have one consented to participate in this study. White (54.5%) and Arab/African respondents (30.9%) were more likely ($P < .001$) to use the conditioning pathway compared with East Asian (10.5%) or Aboriginal/Pacific Islander groups (3.9%). Age was a significant factor for all ethnicities ($P < .05$); 40-year-old and 65+-year-old groups showed less fear compared with the 20- to 39-year old groups. Female sex was significantly related to the use of the informative ($P < .001$) and parental ($P = .002$) pathways. **CONCLUSIONS:** The present study showed that different pathways appear to be adopted by different ethnic groups, indicating the importance of customizing strategies in a multicultural society to manage fear and anxiety related to root canal treatment.

3. **Al-Jandan BA**, **Farooq I**, **Khan SQ**. Students' perspectives on the relevance of internet-based educational video(s) in dental education. Journal of Taibah University, Medical Sciences 2015 Sept;10(3):288-92.

Abstract

Objectives: This cross-sectional study sought to obtain the perceptions of third year students of the University of Dammam faculty of dentistry about the usefulness of Internet-based educational videos in assisting oral biology lectures. **Methods:** The study was conducted at the College of Dentistry, University of Dammam during Mar 2014.

A validated questionnaire containing 10 questions was distributed to all of the participants. The first eight questions, related to the usefulness of videos during lectures, required dichotomized (agree/disagree) responses. For the last two questions (number of videos to be added and the time period allocated to these videos in each lecture), multiple options were provided for selection. The data were analysed statistically by using the chi-square test. **Results:** The sample size was 70 students (39 male and 31 female), with an overall response rate of 97%. The majority of students positively perceived the role of videos in assisting lectures. However, significant differences ($p < 0.05$) were found between male and female students regarding their understanding of lectures with/without videos and retention of knowledge gained from lectures with videos. **Conclusions:** Videos should be included in the lectures, so long as any video included is analogous to the desired learning outcomes of the lecture.

4. **Farooq I.** Lengthy Peer Review Times: What should be Done? Int J Emerg Ment Health. 2015 Aug;17:200.

Abstract

Peer review process is an important step, when it comes to publication of a manuscript and is directed towards facilitating the journal editor in making a decision. Unfortunately a delay in publication due to lengthy peer review processing times, not only negatively effects the research potential of individual authors but also delays the publication of novel findings. Steps should be taken to make this process more efficient by taking measures to reduce long peer review times and to ensure well-timed publication of scientific research.

5. **Moataz F El-Gezawi,** Dalia Kaisarly. Comprehensive Clinical Dentistry Course in Competency Based Curriculum. EC Dental Science 2015 Aug;2(2):247-8.

Editorial: No abstract available

6. **Farooq I**, **Moheet I**, **Al-Khalifa SK**, **Al-Jandan BA.** An observation of the concentration and type of fluoride compound present in "over-the-counter" adult toothpastes available in Saudi Arabia. Saudi J Hlth Sci. 2015 Aug;4(2):120-4.

Abstract

Objectives: This study was performed to observe the type and level of fluoride compounds existent in 'over-the-counter' (OTC) adult toothpastes available in the open market of Saudi Arabia and to compare them with local and international guidelines. **Materials and Methods:** More than 100 hyper stores, shops and pharmacies of Dammam and Al Khobar cities were selected randomly and searched for the availability of fluoride containing adult toothpastes. Only toothpastes in which fluoride was present as an active ingredient were included and name of the compound of fluoride and its concentration stated on the packaging of the toothpaste were noted. **Results:**There were 59 different commercial brands of OTC toothpastes in which sodium fluoride was found in 59.3% of the toothpaste brands (35 of 59), 32.2% of the brands (19 of 59) had sodium monofluorophosphate, 3.3% toothpaste brands (2 of 59) had a combination of sodium fluoride and sodium monofluorophoshpate as an active ingredient, and 5% of the brands (3 of 59) mentioned the fluoride concentration in parts per million (ppm) but did not indicate the type of compound of fluoride present in them. Fluoride concentration found in toothpastes ranged between 1,000-1,470 ppm. **Conclusions:** Types of fluoride compounds found in toothpastes were consistent with internationally published guidelines. However, majority of toothpastes had 1,450 ppm fluoride which was consistent with Gulf Cooperation Council (GCC) and European guidelines but exceeded the normal range set by United States Food and Drug Administration (US-FDA) and American Dental Association (ADA). Care should be taken when these toothpastes are being used to prevent possible side-effects of fluoride over-exposure.

7. Al-Salman WT, **Almas K**. Maxillary sinus and success of dental implants: an update. Gen Dent. 2015 Jul-Aug;63(4):47-54.

Abstract

The maxillary sinus augmentation procedure has been gaining more acceptance among dental professionals. The aim of this review article is to provide an update about various aspects of anatomy, physiology, and common pathological conditions of the maxillary sinus and their clinical relevance to the sinus augmentation procedure and

subsequent implant placement.

8. **Majeed A**, **Farooq I**, Grobler SR, Moola MH. In vitro evaluation of variances between real and declared concentration of hydrogen peroxide in various tooth-whitening products. Acta Odont Scand. 2015 Jul;73(5):387-90.

Abstract

OBJECTIVES: The aim of this in vitro study was to analyze the real hydrogen peroxide (HP) concentration in various commercially available tooth-whitening products containing HP and/or carbamide peroxide (CP). **MATERIALS AND METHODS:** Sixteen commercially available tooth-whitening products containing various concentrations of CP or HP were investigated. The products were divided into four groups: dentist-supervised home bleaching products (Group 1, n = 5), in-office bleaching products(Group 2, n = 4), over-the-counter bleaching products (Group 3, n = 3) and whitening toothpastes and rinses (Group 4, n = 4). The peroxideconcentration was determined using the oxy-reduction titration method. All the reagents used in the study were of analytic grade and freshly prepared before the experiment. **RESULTS:** The HP concentration in various dentist-supervised home bleaching products and in-office bleaching products ranged from 3.02-37.08% (expected range = 3-38%). The HP concentration of over-the-counter whitening products ranged from 1.24-5.57% (expected range cannot be estimated as no concentration of active ingredient was provided). Among whitening toothpastes and rinses, Colgate Plax whitening rinse showed more than 1% HP concentration, whereas it was lower than 0.05% in other whitening toothpastes and oral rinses (expected range cannot be estimated as no active ingredient was mentioned). **CONCLUSIONS:** HP concentration of most of the professional tooth-whitening products was different from the expected concentrations, although the deviations were small and most of the products were close to the expected concentration. No concentration of active ingredient was provided for over-the-counter whitening products and no active ingredient was mentioned for whitening toothpastes and rinses.

9. **Badr A. Al-Jandan**, Abdullah Al-Harkan, Julia Pompura, Letitia Z. Lim, Jaime S. Guerrero, **Hesham F. Marei**, **Imran Farooq**. Evaluation of deproteinized bone mineral (DBM) as an onlay bone-graft in the rabbit mandible. Saudi J Dent Res. 2015 July; 6(2):133-9.

Abstract

Objective: To evaluate bone regeneration in a heterogenous, deproteinized bone mineral (DBM) when used as an onlay graft. **Materials and methods:** In this study, eight rabbits received two titanium bone graft holders (TBGHs), one on the left and one on the right lateral surface of the mandible. Each TBGH possessed two cylindrical chambers, which were perforated with numerous sub-millimeter pores. On the experimental side of the jaw, the chambers were filled with DBM particles (Bio-Oss®, Geistlich Pharmaceutical AG, Walhusen, Switzerland). Chambers on the opposite (control) side of the jaw were empty (no DBM). Following TBGH placement both the control and experimental TBGHs were covered with a barrier layer of collagen membrane (Bio-Gide®, Geistlich Pharmaceutical AG, Walhusen, Switzerland). After twelve weeks, sections of the mandible were harvested for radiographic and histomorphometric evaluation. **Results:** New bone formation was seen in both test and control chambers. However, the newly generated bone was greater in the experimental (DBM) group (18.41%) than in the control group (5.31%). The difference was statistically significant ($p < 0.001$). Upon quantification of the radio-dense area from the radiographs, there was significantly more bone and/or graft in the experimental group (12.96 $mm^2 \pm 1.48$) than the control group (8.59 $mm^2 \pm 3.54$) ($p < 0.001$). Similarly, the DBM chambers were filled to a significantly greater height (2.73 mm ± 0.24) than the control chambers (1.83 mm ± 0.72) ($p < 0.001$). **Conclusion:** DBM can enhance greater new bone formation when used as an onlay graft, underneath a rigid barrier.

10. **Badr A. Al-Jandan.** Combined management of large aggressive central giant cell granuloma of the mandible: A case report. Saudi J Dent Res. 2015 July;6(2):157-60.

Abstract

The aim of this study is to report a case of large aggressive central giant cell granuloma (CGCG) of the mandible treated with corticosteroids and surgery. A 22-year-old male presented with painless progressive swelling in the chin region. Biopsy confirmed the diagnosis of CGCG. Management of the lesion was carried out in 3 phases. Phase-1 comprised of intra-lesional corticosteroids, phase-2 comprised of surgical management and phase-3 consisted of post-surgical intra-lesional corticosteroid. In this extensive case, although intra-lesional corticosteroid was given pre-operatively, there was no evidence of a reduction in size of the lesion both clinically and radio-graphically. This case suggests that injection of a low dose of corticosteroids pre-operatively may not be effective in such large aggressive CGCGs. Nevertheless, combined medical and surgical management is always advantageous for extensive aggressive lesions in order to reduce the size and thus minimize the need for mutilating bone resections and loss of teeth that ultimately result in functional and esthetic defects.

11. **Al-Jewair TS.** Meta-analysis on the mandibular dimensions effects of the MARA appliance in patients with Class II malocclusions. Angle Orthod. 2015 Jul;85(4):706-14.

Abstract

OBJECTIVES: To evaluate the short- and long-term effects of the mandibular anterior repositioning appliance (MARA) on mandibular dimensions in patients with Class II malocclusion and to assess the stability of the MARA results. **MATERIALS AND METHODS:** Multiple electronic databases were searched for articles published in any language until March 2014. A manual search was also performed of reference lists of retrieved articles. The primary outcomes were the short-and long-term effects of the MARA appliance on mandible dimensions. The secondary outcome was postretention stability. Outcome measures were total mandibular unit length, corpus length, and ramus height. Two reviewers examined all articles independently and assessed their methodologic quality. Meta-analyses were conducted using random-effects models. The Cochrane test and the I(2) statistic were used to assess heterogeneity. Sensitivity analyses were performed and publication bias was evaluated. **RESULTS:** Seven retrospective clinical controlled studies that compared MARA with controls were included. Three of the studies were medium quality; the rest were low quality. Meta-analysis of the short-term effects revealed a significant increase in total mandibular unit length (1.16 mm/y) and ramus height (1.58 mm/y) with MARA and a nonsignificant increase in corpus length (0.21 mm/y). Analyses of the long-term effects showed a statistically significant advantage of MARA over controls for all three variables, but the effect sizes were small. More high-quality studies are warranted. **CONCLUSIONS:** The MARA appliance produced statistically significant mandibular growth enhancement in the short- and long-term. These findings, however, may not be clinically significant.

IN PRESS PUBLICATIONS

1. **Al-Harbi F**, Kaisarly D, Michna A, **ArRejaie A**, Bader D, **El Gezawi M**. Cervical Interfacial Bonding Effectiveness of Class II Bulk Versus Incremental Fill Resin Composite Restorations. Oper Dent. 2015; In Press.

2. **Tantawi MM**, AbdelAziz WE. Assessment of the Accuracy of Two Dental Screening Methods Used in a School Setting. Oral Health Prev Dent. 2015, In Press.

3. Nasser Al-Shahrani, Abdulaziz Al-Amri, Fahad Hegazi, Khalid Al-Rowis, Abdullah Al-Madani, **Khalid S Hassan**. Prevalence of premature loss of primary teeth and its impact on malocclusion in the Eastern Province of Saudi Arabia. Acta Odontol Scand. 2015; In Press.

4. **Aws ArRejaie**, **Fahad Al-Harbi**, **Adel S Alagl**, **Khalid S Hassan**. Platelet rich plasma gel combined with bovine-derived xenograft for the treatment of dehiscence around immediately placed conventionally loaded dental Implants in human: Cone beam computed tomography and 3-D images evaluation. International journal of Oral & Maxillofacial Implants 2015; In Press.

5. **Khalifa S. Al-Khalifa**. Use of the International Caries Detection and Assessment System by Dental Students at the University of Dammam, Saudi Arabia. Saudi J Dent Res 2015; In Press.

6. **Al-Jewair TS**, Al-Jasser R, **Almas K**. Periodontitis and obstructive sleep apnea's bidirectional relationship: a systematic review and meta-analysis. Sleep Breath. 2015; In Press.

7. Al-Rejaie SS, Aleisa AM, **Abuohashish HM**, Parmar MY, Ola MS, Al-Hosaini AA, Ahmed MM. Naringenin neutralises oxidative stress and nerve growth factor discrepancy in experimental diabetic neuropathy. Neurol Res. 2015; In Press.

8. **Al-Ansari AA**, **Al-Harbi FA**, Baba N. An in vitro evaluation of the bond strength of composite resin foundation materials to dentin. Journal of Prosthetic Dentistry 2015; In Press.

9. **Khalid Almas**, Ziad Salameh, Ahmad Kutkut, Ahmad Al-Doubali. A Simplified Technique to Measure Plaque on the Intaglio Surfaces of Complete Dentures. Journal of the International Academy of Periodontology 2015; In Press.

10. Saqib Ali, **Imran Farooq**, **Imran Alam Moheet**, **Soban Qadir Khan**, **Khalifa Al-Khalifa**. Self-reported anxiety of dental procedures among dental students and its relation to gender and level of education. Journal of Taibah University, Medical Sciences 2015; In Press.

11. **Asim Al-Ansari**, **Fahad Al-Harbi**, Wafaa AbdelAziz, **Maha Abdesalam**, **Maha M.A. El Tantawi**, Ismail ElRefae. Factors affecting student participation in extra-curricular activities: a comparison between two Middle Eastern dental schools. Saudi Dental Journal 2015; In Press.

12. **Al-Harbi F**, Kaisarly D, Bader D, **El Gezawi M**. Marginal Integrity of Bulk Versus Incremental Fill Class II Composite Restorations. Operative Dentistry 2015; In Press.

13. **Marei HF**, **Al-Khalifa KS.** Pattern of online communication in teaching a blended oral surgery course. Eur J Dent Educ. 2015; In Press.

14. **Al-Harbi FA**, **Mahrous AA**, **Ayad NM**, **Khan ZA**, Morgano SM. In-vitro shear bond strength of Y-TZP ceramics to different core materials with the use of three primer/resin cement systems. J Prosthet Dent 2015; In Press.

15. **Jehan AlHumaid**, David Tesini, Matthew Finkelman, Cheen Y. Loo. Effectiveness of the D-TERMINED Program of Repetitive Tasking for Children with Autism Spectrum Disorder: A Retrospective Analysis. Journal of Dentistry for Children 2015; In Press.

16. **Khalid S Hassan**, **Adel S Alagl**, **Maha El-Tantawy**, Amani M Alnimr, Yasmeen A Haseeb. The Prevalence and Association of Preterm Birth with Periodontal Disease in the Eastern Province of Saudi Arabia: Microbiological and Immunochemistry Evaluations. Oral Health and Dental Management 2015; In Press.

17. **Muhammad A Nazir**, **Khalid Almas**. Knowledge and Practice of Evidence-based Dentistry among Dental Professionals: an appraisal of three dental colleges from Lahore, Pakistan. Pakistan Oral and Dental Journal 2015; In Press.

18. **Al-Ansari AA**, **Al-Harbi FA**, Baba N. In vitro evaluation of the bond strength of composite resin foundation materials to dentin. Journal of Prosthetic Dentistry 2015; In Press.

19. **Farooq I**, **Al-Jandan BA**. Effect of Video Triggering During Conventional Lectures on the Final Grades of Oral Biology Course: A Two-Year Retrospective Study. J Dent Educ. 2015; In Press.

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